

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10/553706</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		80				
4						
5		1				
6		1				
7	/					
8		1				
9		20				
10		60				
11		60				
12						
13	/					
14		10				
15		10				
16		10				
17		1				
18		1				
19	/					
20	/					
21		1				
22		12				
23	/	12				
24		1				
25		12				
26		12				
27		11				
28						
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47						
48						
49						
50						
TOTAL IND.	6		↓	↓	↓	
TOTAL DEP.	27	←	←	←		
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						